

INITIAL RESPONSE ACTION REPORTING FORM



This form shall be used to document initial response actions conducted at petroleum spill sites.

This form is designed to provide DES with adequate information to determine if additional corrective action or monitoring will be required prior to site closure.

A. FACILITY INFORMATION

(1) Facility Name: _____
(2) Facility Address: _____

(3) Contact Person: _____
(4) Daytime Phone: _____
(5) NHDES Project/Site No.: _____

SITE OWNER INFORMATION

(1) Owner Name: _____
(2) Owner Address: _____

(3) Contact Person: _____
(4) Daytime Phone: _____

B. CONSULTANT/CONTRACTOR INFORMATION

(1) Consultant or Contractor (circle one): _____
(2) Mailing Address: _____

(3) Contact Person: _____
(4) Daytime Phone: _____

C. SITE INFORMATION AND POTENTIAL RECEPTORS

	YES/NO
Municipal Water in Area?	_____
Municipal Water provided to site?	_____
Urban Area?	_____
Within Wellhead Protection Area?	_____
Surface water body within 100ft?	_____

	YES/NO
Municipal sewer service?	_____
Water Supply well on-site?	_____
Type of well and depth?	_____

D. SPILL INFORMATION

Check all that apply:

- ☐ Aboveground storage tank (AST) spill/release
☐ Underground storage tank (UST) spill/release
☐ Release to surface water
☐ Vapors indicated by PID readings or odors
☐ Free product present
☐ Other: _____

Type of product.

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> #2 Fuel oil | <input type="checkbox"/> Kerosene |
| <input type="checkbox"/> Motor Fuel | <input type="checkbox"/> Other: _____ |

Quantity of product lost (gallons) _____

Other information: _____

E. CORRECTIVE ACTION INFORMATION

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Soil removal | Quantity disposed (tons) _____ (see attachment requirements below) |
| <input type="checkbox"/> Free product recovery | Quantity recovered (gallons) _____ |
| <input type="checkbox"/> Vapor abatement measures | fans/subslab vent system/other _____ (circle one) |
| <input type="checkbox"/> Surface water protection measures | Booms/pads/other _____ (circle one) |
| <input type="checkbox"/> Other: | _____ |

E. CORRECTIVE ACTION INFORMATION (continued)

Additional Information: _____

F. INVESTIGATION INFORMATION

Check all that apply:

☐

Drinking water sampling

☐

Soil sampling

☐

Indoor air sampling

☐

Groundwater sampling

☐

Monitoring well/boring installation

☐

Other _____

Additional information: _____

G. SUMMARY OF SOIL QUALITY DATA

parts per million (PPM)

Parameters	Sample Designation						
PID Readings							
Benzene							
Total Alkylbenzenes							
Naphthalene							
MTBE							
TPH							
Other _____							

H. SUMMARY OF WATER QUALITY DATA

parts per billion (PPB)

Parameters	Sample Designation						
Benzene							
Total Alkylbenzenes							
Naphthalene							
MTBE							
Other							

I. ATTACHMENTS

Check if applicable and attach:

☐

Site Sketch (required)

☐

Bill of lading/certificate of destruction for soil disposal

☐

Laboratory analytical data

☐

Groundwater contour plan

☐

Site photos

☐

Boring logs/well construction details

J. RECOMMENDATIONS

